## Approved by OMB 3060-0678

Date & Time Filed: Sep 7 2012 10:07:05:990PM

File Number: SES-T/C-INTR2012-02066

## APPLICATION FOR SATELLITE SPACE AND EARTH STATION AUTHORIZATIONS FOR TRANSFER OF CONTROL OR

ASSIGNMENTFCC 312 MAIN FORM FOR OFFICIAL USE ONLY

FCC Use Only

#### APPLICANT INFORMATION

Enter a description of this application to identify it on the main menu:

Transfer of control of Earth Station Authorizations (T/O)

1-8. Legal Name of Applicant

Newschannel 5 Network, LLC Name:

Phone Number:

615-244-5000

DBA

Fax

Name: Street:

474 James Robertson Parkway

Number: E-Mail:

City:

Nashville

State:

TN

Country:

**USA** 

Zipcode:

37219 -

Attention: Deborah Turner

9-16. Name of Contact Representative

Name:

Jennifer A. Johnson

Phone Number:

2026625552

Company: Covington & Burling LLP

Fax Number:

2027785552

Street:

1201 Pennsylvania Avenue, NW

E-Mail:

jjohnson@cov.com

City:

Washington

State:

DC

Country:

**USA** 

Zipcode:

20004-

Attention: Jennifer A. Johnson

Relationship:

Legal Counsel

#### CLASSIFICATION OF FILING

17. Choose the button next to the classification that applies to this filing for both questions a. and b. Choose only one for 17a and only one for 17b.

(N/A) b1. Application for License of New Station

(N/A) b2. Application for Registration of New Domestic Receive-Only Station

(N/A) b3. Amendment to a Pending Application

(N/A) b4. Modification of License or Registration

al. Earth Station • a2. Space Station 6 b5. Assignment of License or Registration

6 b6. Transfer of Control of License or Registration

(N/A) b7. Notification of Minor Modification

(N/A) b8. Application for License of New Receive-Only Station Using Non-U.S.

Licensed Satellite

(N/A) b9. Letter of Intent to Use Non-U.S. Licensed Satellite to Provide Service in the

United States (N/A) b10. Other (Please specify)

17c. Is a fee submitted with this application?

If Yes, complete and attach FCC Form 159.

If No, indicate reason for fee exemption (see 47 C.F.R.Section 1.1114).

O Governmental Entity Noncommercial educational licensee

First Station)  Each Additional Station)  Fee Classification A CNX - Fixed Satellite Transmit/Receive Earth Station Quantity 1  Fee Classification B CFX - Fixed Satellite Transmit/Receive Earth Station Quantity 2  B. If this filing is in reference to an (a) Call sign of station. entor:  a) Call sign of station:  Not Applicable  TYPE OF SERVICE  O. NATURE OF SERVICE: This filing is for an authorization to provide or use the following type(s) of service(s): Select all nat apply:  A Fixed Satellite  D. Mobile Satellite  D. Mobile Satellite  D. Mobile Satellite  D. Direct to Home Fixed Satellite  D. Direct to Home Fixed Satellite  D. Direct to Home Fixed Satellite  D. Signal Audio Radio Service  D. Ocommon Carrier  Not Applicable status.  Common Carrier  Not Common Carrier  Not Common Carrier  22. If earth station applicant, check all that apply.  Social Service (s): Select all applicable status.  Common Carrier  Not Applicable status.  Common Carrier  Not Common Carrier  S. LiASS OF STATION: Choose the button next to the class of station that applicable frequency band(s).  a. C-Band (446 GHz)  b. Ku-Band (12/14 GHz)  c. Other (Please specify upper and lower frequencies in MHz.)  TYPE OF STATION  S. CLASS OF STATION: Choose the button next to the class of station that applies. Choose only one.  A Fixed Earth Station  D. A Mobile Earth Station  O. G. Geostationary Space Station  O. G. Mobile Earth Station  O. G. Other (Please specify)  O. Mobile Stath Station  O. G. Other (Please specify)  O. Mobile Stath Station  O. G. M	Other(please explain):				
Each Additional Station)  Fee Classification A CNX - Fixed Satellite Transmit/Receive Earth Station Quantity 1  Fee Classification B CFX - Fixed Satellite Transmit/Receive Earth Station Quantity 2  18. If this filing is in reference to an existing station, enter:  (a) Date pending application enter:  (b) File number of pending application:  Not Applicable  TYPE OF SERVICE  O. NATURE OF SERVICE: This filing is for an authorization to provide or use the following type(s) of service(s): Select all hat apply:  a. Fixed Satellite  b. Mobile Satellite  c. Radiodetermination Satellite  d. Earth Exploration Satellite  e. Direct to Home Fixed Satellite  f. Digital Audio Radio Service  g. Other (please specify)  1. STATUS: Choose the button next to the applicable status.  Common Carrier Non-Common Carrier  22. If earth station applicant, check all that apply.  Subject to Home Fixed Satellite  c. Direct to Home Fixed Satellite  d. Earth Exploration Satellite  d. Sing Non-U.S. licensed satellites  common Carrier Non-Common Carrier  23. If applicant is providing INTERNATIONAL COMMON CARRIER service, see instructions regarding Sec. 214 filings.  Common Carrier Non-Common Carrier  Common Carrier Non-Common Carrier  Connected to a Public Switched Network Not connected	17d.				
Fee Classification A CNX - Fixed Satellite Transmit/Receive Earth Station   Quantity 1	(First Station)				
Fee Classification B CFX - Fixed Satellite Transmit/Receive Earth Station   Quantity 2	(Each Additional Station)				
18. If this filing is in reference to an existing station, enter:   a) Call sign of station:   (a) Date pending application was filed: (b) File number of pending application:   Not Applicable	Fee Classification A CNX - Fix	ed Satellite Transmit	Receive Earth	Station	Quantity 1
(a) Date pending application was filed: (b) File number of pending application: (a) Call sign of station: Not Applicable	Fee Classification B CFX - Fixe	ed Satellite Transmit/	Receive Earth S	Station	Quantity 2
TYPE OF SERVICE  0. NATURE OF SERVICE: This filing is for an authorization to provide or use the following type(s) of service(s): Select all hat apply:  2. A. Fixed Satellite  3. D. Mobile Satellite  4. Earth Exploration Satellite  5. C. Radiodetermination Satellite  6. Direct to Home Fixed Satellite  7. Digital Audio Radio Service  8. Other (please specify)  1. STATUS: Choose the button next to the applicable status.  2. Direct to Home Fixed Satellite  7. Digital Audio Radio Service  9. Other (please specify)  1. STATUS: Choose the button next to the applicable status.  2. Direct to Home Fixed Satellite  9. Other (please specify)  1. STATUS: Choose the button next to the applicable status.  2. Lif earth station applicant, check all that apply.  2. Life arth station applicant, check all that apply.  2. Light Survivers of the station applicant station applicant, check all that apply.  2. Light Survivers of the station applicant station applicant, check all that apply.  3. Light Survivers of the station applicant station applicant, check all that apply.  4. FREQUENCY BAND(S): Place an "X" in the box(es) next to all applicable frequency band(s).  1. C. Other (Please specify upper and lower frequencies in MHz.)  1. TYPE OF STATION: Choose the button next to the class of station that applies. Choose only one.  2. Fixed Earth Station  3. If applicant station applicant, check all that apply.  4. FREQUENCY BAND(S): Place an "X" in the box(es) next to all applicable frequency band(s).  2. Cother (Please specify upper and lower frequencies in MHz.)  4. FREQUENCY BAND(S): Place an "X" in the box(es) next to all applicable frequency band(s).  3. C. Charles of the station of the stati	18. If this filing is in reference to an existing station, enter:				ding application:
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O. NATURE OF SERVICE: This filing is for an authorization to provide or use the following type(s) of service(s): Select all hat apply:  ■ a. Fixed Satellite □ b. Mobile Satellite □ c. Radiodetermination Satellite □ c. Radiodetermination Satellite □ d. Earth Exploration Satellite □ d. Direct to Home Fixed Satellite □ f. Digital Audio Radio Service □ g. Other (please specify) 1. STATUS: Choose the button next to the applicable status. Choose only one. □ Common Carrier □ Non-Common Carrier □ Using Non-U.S. licensed satellites □ Using Non-U.S. licensed satellites □ Connected to a Public Switched Network ○ Not connected to a Public Switched Network ○ N/A 4. FREQUENCY BAND(S): Place an "X" in the box(es) next to all applicable frequency band(s). □ a. C-Band (4/6 GHz) ☑ b. Ku-Band (12/14 GHz) □ c. Other (Please specify upper and lower frequencies in MHz.) requency Lower: Frequency Upper:  TYPE OF STATION  5. CLASS OF STATION: Choose the button next to the class of station that applies. Choose only one. ○ a. Fixed Earth Station ○ b. Temporary-Fixed Earth Station ○ c. 12/14 GHz VSAT Network ○ d. Mobile Earth Station ○ c. Geostationary Space Station ○ f. Non-Geostationary Space Station ○ g. Other (Please specify)  6. TYPE OF EARTH STATION FACILITY: Choose only one.				-F F	
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D b. Mobile Satellite  □ c. Radiodetermination Satellite  □ c. Direct to Home Fixed Satellite  □ c. Direct New Fixed Satellite  □ c. StarTuS: Choose the button next to the applicable status.  □ Common Carrier Non-Common Carrier  □ Using U.S. licensed satellites  □ Using Non-U.S. licensed satellites  □ Using Non-U.S. licensed satellites  □ Connected to a Public Switched Network Not connected to a Public Switched Network N/A  □ A. FREQUENCY BAND(S): Place an "X" in the box(es) next to all applicable frequency band(s).  □ a. C-Band (4/6 GHz) Sh. Ku-Band (12/14 GHz)  □ c. Other (Please specify upper and lower frequencies in MHz.)  □ c. Other (Please specify upper and lower frequencies in MHz.)  □ requency Lower: Frequency Upper:  ■ TYPE OF STATION  5. CLASS OF STATION: Choose the button next to the class of station that applies. Choose only one.  □ a. Fixed Earth Station  □ b. Temporary-Fixed Earth Station  □ c. 12/14 GHz VSAT Network  □ d. Mobile Earth Station  □ c. Geostationary Space Station  □ f. Non-Geostationary Space Station  □ g. Other (please specify)  6. TYPE OF EARTH STATION FACILITY: Choose only one.	that apply:				
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□ e. Direct to Home Fixed Satellite □ f. Digital Audio Radio Service □ g. Other (please specify)  1. STATUS: Choose the button next to the applicable status. Choose only one. □ Common Carrier  Non-Common Carrier  3. If applicant is providing INTERNATIONAL COMMON CARRIER service, see instructions regarding Sec. 214 filings. Choose one. Are these facilities: □ Connected to a Public Switched Network  Not connected to a Public Switched Network  N/A  4. FREQUENCY BAND(S): Place an "X" in the box(es) next to all applicable frequency band(s). □ a. C-Band (4/6 GHz)  b. Ku-Band (12/14 GHz) □ c.Other (Please specify upper and lower frequencies in MHz.) requency Lower: Frequency Upper:  TYPE OF STATION  5. CLASS OF STATION: Choose the button next to the class of station that applies. Choose only one. □ a. Fixed Earth Station □ b. Temporary-Fixed Earth Station □ c. 12/14 GHz VSAT Network □ d. Mobile Earth Station □ e. Geostationary Space Station □ f. Non-Geostationary Space Station □ g. Other (please specify)  6. TYPE OF EARTH STATION FACILITY: Choose only one.	<u></u>				
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<ul> <li>b. Temporary-Fixed Earth Station</li> <li>c. 12/14 GHz VSAT Network</li> <li>d. Mobile Earth Station</li> <li>e. Geostationary Space Station</li> <li>f. Non-Geostationary Space Station</li> <li>g. Other (please specify)</li> <li>6. TYPE OF EARTH STATION FACILITY: Choose only one.</li> </ul>					
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Transmit/Receive Transmit-Only Receive-Only N/A	26. TYPE OF EARTH STATION FACILITY: Choose only one.				
	○ Transmit/Receive ● Transmit-Only ○ Receive-Only ○ N/A				

27.	The purpose	of this proposed	modification is	o: (Place an	"X" in	the box(es)	next to al	l that apply.)
No	t Applicable							

# ENVIRONMENTAL POLICY

28. Would a Commission grant of any proposal in this application or amendment have a significant environmental impact as defined by 47 CFR 1.1307? If YES, submit the statement as required by Sections 1.1308 and 1.1311 of the Commission's rules, 47 C.F.R. <sup>1</sup> 1.1308 and 1.1311, as an exhibit to this application. A Radiation Hazard Study must accompany all applications for new transmitting facilities, major modifications, or major amendments.	O Yes No	
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ALIEN OWNERSHIP Earth station applicants not proposing to provide broadcast, common carrier, aeronautical en route or aeronautical fixed radio station services are not required to respond to Items 30-34.

29. Is the applicant a foreign government or the representative of any foreign government?	O Yes ® No
30. Is the applicant an alien or the representative of an alien?	O Yes O No O N/A
31. Is the applicant a corporation organized under the laws of any foreign government?	O Yes O No O N/A
32. Is the applicant a corporation of which more than one-fifth of the capital stock is owned of record or voted by aliens or their representatives or by a foreign government or representative thereof or by any corporation organized under the laws of a foreign country?	O Yes O No O N/A
33. Is the applicant a corporation directly or indirectly controlled by any other corporation of which more than one-fourth of the capital stock is owned of record or voted by aliens, their representatives, or by a foreign government or representative thereof or by any corporation organized under the laws of a foreign country?	O Yes O No O N/A
34. If any answer to questions 29, 30, 31, 32 and/or 33 is Yes, attach as an exhibit an identification of the aliens or foreign entities, their nationality, their relationship to the applicant, and the percentage of stock they own or vote.	

BASIC QUALIFICATIONS	
35. Does the Applicant request any waivers or exemptions from any of the Commission's Rules? If Yes, attach as an exhibit, copies of the requests for waivers or exceptions with supporting documents.	O Yes ● No
36. Has the applicant or any party to this application or amendment had any FCC station authorization or license revoked or had any application for an initial, modification or renewal of FCC station authorization, license, or construction permit denied by the Commission? If Yes, attach as an exhibit, an explination of circumstances.	○ Yes ᢀ No
37. Has the applicant, or any party to this application or amendment, or any party directly or indirectly controlling the applicant ever been convicted of a felony by any state or federal court? If Yes, attach as an exhibit, an explination of circumstances.	O Yes ⊗ No
38. Has any court finally adjudged the applicant, or any person directly or indirectly controlling the applicant, guilty of unlawfully monopolizing or attemptiing unlawfully to monopolize radio communication, directly or indirectly, through control of manufacture or sale of radio apparatus, exclusive traffic arrangement or any other means or unfair methods of competition? If Yes, attach as an exhibit, an explanation of circumstances	○ Yes ❷ No
39. Is the applicant, or any person directly or indirectly controlling the applicant, currently a party in any pending matter referred to in the preceding two items? If yes, attach as an exhinit, an explanation of the circumstances.	○ Yes ⊗ No
40. If the applicant is a corporation and is applying for a space station license, attach as an exhibit the names, address, and citizenship of those stockholders owning a record and/or voting 10 percent or more of the Filer's voting stock and the percentages so held. In the case of fiduciary control, indicate the beneficiary(ies) or class of beneficiaries. Also list the names and addresses of the officers and directors of the Filer.	

This application seeks FCC consent to the transfer of control of Newschamnel 5 Network, LLC, licensee of earth stations E040278, E050338 and E960167, from Landmark Television, LLC to Journal Broadcast Group, Inc.  CERTIFICATION  The Applicant waives any claim to the use of any particular frequency or of the electromagnetic spectrum as against the regulatory power of the United States because of the previous use of the same, whether by license or otherwise, and requests an authorization in accordance with this application. The applicant certifies that grant of this application would not cause the applicant to be in violation of the spectrum aggregation limit in 47 CFR Part 20. All statements made in exhibits are a material part hereof and are incorporated herein as if set out in full in this application. The undersigned, individually and for the applicant, hereby certifies that all statements made in this application and in all attached exhibits are true, complete and correct to the best of his or her knowledge and belief, and are made in good faith.  44. Applicant is a (an): (Choose the button next to applicable response.)  O Individual  Unincorporated Association  Partnership  Corporation  O Governmental Entity  Other (please specify)  45. Name of Person Signing  Deborah F. Turner  47. Please supply any need attachments.  Attachment 1:  Attachment 2:  Attachment 3:  WILLFUL FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND / OR IMPRISONMENT  (U.S. Code, Title 47, Section 1001), AND/OR REVOCATION OF ANY STATION AUTHORIZATION (U.S. Code, Title 47, Section 312(a)(1)), AND/OR FORFEITURE (U.S. Code, Title 47, Section 503).  SATELLITE EARTH STATION AUTHORIZATIONS FCC Form 312 - Schedule A FOR OFFICIAL USE ONLY	41. By checking Yes, the undersigned certifies, that neither applicant nor any other party to the application is subject to a denial of Federal benefits that includes FCC benefits pursuant to Section 5301 of the Anti-Drug Act of 1988, 21 U.S.C. Section 862, because of a conviction for possession or Yes No distribution of a controlled substance. See 47 CFR 1.2002(b) for the meaning of "party to the application" for these purposes.			
administration has coordinated or is in the process of coordinating the space station?  43. Description. (Summarize the nature of the application and the services to be provided).  This application seeks FCC consent to the transfer of control of Newschannel 5 Network, LLC, licensee of earth stations E040278, B050338 and B960167, from Landmark Television, LLC to Journal Broadcast Group, Inc.  CERTIFICATION  The Applicant waives any claim to the use of any particular frequency or of the electromagnetic spectrum as against the regulatory power of the United States because of the previous use of the same, whether by license or otherwise, and requests an authorization in accordance with this application. The applicant certifies that grant of this application would not cause the applicant to be in violation of the spectrum aggregation limit in 47 CFR Part 20. All statements made in exhibits are a material part hereof and are incorporated herein as if set out in full in this application. The undersigned, indivally and for the applicant, hereby certifies that all statements made in this application and in all attached exhibits are true, complete and correct to the best of his or her knowledge and belief, and are made in good faith.  44. Applicant is a (an): (Choose the button next to applicable response.)  On Individual  On Individual  On Individual  Attachment 1:  Attachment 1:  Attachment 2:  Attachment 3:  WILLFUL FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND / OR IMPRISONMENT (U.S. Code, Title 18, Section 1001), AND/OR REVOCATION OF ANY STATION AUTHORIZATION (U.S. Code, Title 47, Section 312(a)(1)), AND/OR REVOCATION OF ANY STATION AUTHORIZATION (U.S. Code, Title 47, Section 312(a)(1)), AND/OR FORFICIAL USE ONLY	42a. Does the applicant intend to use a non-U.S. licensed satellite to provide service in the United States? If Yes, answer 42b and attach an exhibit providing the information specified in 47 C.F.R.			
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	FCC Form 312 - Schedule A			
Select one of the following				
CONSENT TO TRANSFER OF CONTROL  CONSENT TO ASSIGNMENT OF LICENSE	lagar and the control of the control			
O NOTIFICATION OF TRANSFER OF CONTROL OF RECEIVE ONLY REGISTRATION O NOTIFICATION OF ASSIGNMENT OF RECEIVE ONLY REGISTRATION				

A1. Name of Licensee (as shown on FCC 312 - Main Form)

Phone Name: Newschannel 5 Network, LLC 6152445000 Number: DBA Name: Fax Number: 474 James Robertson Parkway E-Mail: Street: City: Nashville State: TN Country: USA Zipcode: 37219 -Deborah Turner Attention: A8. List Callsign(s) of station(s) being assigned or transfered Callsign:E960167 Callsign:E050338 Callsign:E040278 Callsign: Callsign: Callsign: Callsign: Callsign: Callsign: A9. No. of station(s) listed A10. Name of Transferor/ Assignor Phone Guy R. Friddell, III 7027928660 Name: Number: Company: Landmark Television, LLC Fax Number: Street: 150 W. Brambleton Avenue E-Mail: Norfolk State: VA City: **USA** Zipcode: Country: 23510 -Attention: Guy R. Friddell, III Relationship: Other

A15. Name of Transferee/ Assignee

Name: Journal Broadcast Group, Inc. Phone Number:

202-429-8970

DBA Name:

Fax Number: 202-293-7783

2000 K Street, NW Street:

E-Mail:

msenter@lermansenter.com

Suite 600

City:

Washington

State:

DC

Country:

**USA** 

Zipcode:

20006 -

Attention:

Meredith S. Senter, Jr.

A20. If these facilities are licensed, is the transferee / assignee directly or indirectly controlled by any other entity? If yes, attach as Exhibit E, a statement (including organizational diagrams where appropriate) which fully and completely identifies the nature and extent of control including: (1) the name, address, citizenship, and primary busienss of the controlling entity and any intermediate  $\circ$  No subsidiaries or parties, and (2) the names, addresses, citizenshipp, and the percentages of voting and equity stock of those stockholders holding 10 percent or more of the controlling corporation's voting stock.

A21. If these facilities are licensed, attach as Exhibit F, a complete statement setting forth the facts which show how the assignment or transfer will serve the public interest.

#### **CERTIFICATION**

1. The undersigned, individually and for licensee, certifies that all attached exhibits pertinenet to Schedule A and all statement made in Schedule A of this application are true, compete and correct to the best of his/her knowledge and belief. The undersigned also certifies that any contracts or other instruments submitted herewith are complete and constitute the full agreement.

2. The undersigned represents that stock will not be delivered and that control will not be transferred until the Commission's consent-has-been-received, but that transfer-of-control-or-assignment of-license-will-be-completed-within-60-days-of-Commission consent. The undersigned also acknowledges that the Commission must be notified by letter within 30 days of

consummation.	
A22. Printed Name of Licensee (Must agree with A1) Newschannel 5 Network, LLC	A24. Title (Office Held by Person Signing) Deborah F. Turner (President)
A26. Printed Name of License Transferor / Assignor (Must agree with A10) Landmark Television, LLC	A28. Title (Office Held by Person Signing)  Guy R. Friddell, III (Vice President)
A26. Printed Name of License Transferee / Assignee (Must agree with A15) Journal Broadcast Group, Inc.	A28. Title (Office Held by Person Signing)  Steven J. Smith (Chairman of the Board, President)

## FCC NOTICE REQUIRED BY THE PAPERWORK REDUCTION ACT

The public reporting for this collection of information is estimated to average 2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the required data, and completing and reviewing the collection of information. If you have any comments on this burden estimate, or how we can improve the collection and reduce the burden it causes you, please write to the Federal Communications Commission, AMD-PERM, Paperwork Reduction Project (3060-0678), Washington, DC 20554. We will also accept your comments regarding the Paperwork Reduction Act aspects of this collection via the Internet if you send them to PRA@fcc.gov. PLEASE DO NOT SEND COMPLETED FORMS TO THIS ADDRESS.

Remember - You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number or if we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-0678.

THE FOREGOING NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

This application seeks the FCC's consent to the transfer of control of NewsChannel 5 Network, LLC, the licensee of the earth stations that are the subject of this application, from Landmark Television, LLC to Journal Broadcast Group, Inc.

The sole shareholder of Journal Broadcast Group, Inc. is Journal Broadcast Corporation, whose sole shareholder is Journal Communications, Inc. Journal Communications, Inc. has no shareholders that hold ten percent or more of its voting stock.

The following organizational diagram illustrates the proposed ownership structure.

Journal Communications, Inc. 333 West State Street Milwaukee, WI 53203

100%

Journal Broadcast Corporation 3355 South Valley View Boulevard Las Vegas, NV 89102

100%

Journal Broadcast Group, Inc. 333 West State Street Milwaukee, WI 53203

100%

NewsChannel 5 Network, LLC 333 West State Street Milwaukee, WI 53203

(Various earth stations)

Exhibit F FCC Form 312 September 2012

The satellite earth stations that are the subject of this application are currently used by television station WTVF(TV), Facility ID No. 36504, to facilitate its broadcasts to the public. This application is being filed in connection with a broadcast application to transfer control of NewsChannel 5 Network, LLC, the licensee of station WTVF(TV) from Landmark Television, LLC to Journal Broadcast Group, Inc.

Grant of this application will allow WTVF(TV) to continue to use the satellite earth stations that are the subject of this application to facilitate its broadcasts to the public. The parties to this application respectfully submit that the transfer of control proposed in this application will serve the public interest, convenience, and necessity.